

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3		/					53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10		/					60		
11	/						61		
12	/						62		
13		/					63		
14		/					64		
15		/					65		
16		/					66		
17		/					67		
18		/					68		
19		/					69		
20	/						70		
21		/					71		
22		/					72		
23		/					73		
24	/						74		
25		/					75		
26	/						76		
27	/						77		
28	/						78		
29	/						79		
30	/						80		
31	/						81		
32		/					82		
33		/					83		
34		/					84		
35	/						85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	18	↓		↓		↓	TOTAL IND.		↓
TOTAL DEP.	17	↓		↓		↓	TOTAL DEP.		↓
TOTAL CLAIMS	35						TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS